

# Helping Consumers Complete Applications for Health Coverage

Module #5

Training for Indiana Navigators





# Module #5 Objectives

- After reviewing this module, you will be able to:
  - Screen consumers for the “best door” to health coverage
  - Help consumers apply for state and federal health coverage programs
  - Address consumer questions and concerns before and after the application is submitted
  - Provide tools and knowledge to promote informed health insurance consumers
  - Refer consumers to other resources when appropriate



# Getting Started as an Indiana Navigator

One important aspect of being an Indiana Navigator is helping a consumer find the “best door” to health coverage



# Step 1:

## Before working with consumers

- Consumers find certified Indiana Navigators
  - Search on the Indiana website
- Tell consumer about:
  - Any actual or potential conflicts of interest
  - Roles, responsibilities, and limitations of Indiana Navigators

# Step 2: Ask Eligibility Questions



## If consumer interested in applying for health coverage:

- Screen consumer for likely program eligibility
  - Explain limitations
    - **Screening is not exact**
    - Consumer does not have to answer questions
  - Ask consumer
    - Household size
    - Household income
      - For the purposes of screening, this can be a best estimate
        - For work income, use gross income – not take-home pay
        - For other income, do not include assets like bank account , retirement fund, etc.
    - Detailed income information needed for application
  - Use tables on following slides to determine “best door” to access health coverage
    - Medicaid
    - Federal Marketplace\*

\*Consumers may buy coverage on federal Marketplace, even if income is too high to qualify for Premium Tax Credits and Cost-Sharing Reductions



## Step 3: Using the “Best Door”

- Consumers may apply using Indiana Application for Health Coverage **OR** federal Marketplace application
  - If found not eligible for one program, application may be sent to the other program
    - Example:



- **Advantage:**
  - Do not have to apply two times
- **Disadvantage:**
  - May take longer to be approved
  - May need to provide more information
- **RECOMMEND:**
  - Help consumer make best guess for the first application
  - If income on the line between Medicaid and federal Marketplace, apply to Medicaid

# Eligibility for Non-pregnant Adults



## ***“Best Door” Recommendation:***

Apply to Division of Family Resources

Apply on federal Marketplace

Apply on or off federal Marketplace

Household income at or below 105%\* FPL\*\*

Household income above 105%\* to 400% FPL

Household income above 400% FPL

Household Income as a % of Federal Poverty Level (FPL)															
Household size	15%	30%	50%	75%	100%	105%*	106%	125%	150%	213%	255%	300%	400%	401%	425%
1	\$1,724	\$3,447	\$5,745	\$8,618	\$11,490	\$12,065	\$12,179.40	\$14,363	\$17,235	\$24,474	\$29,300	\$34,470	\$45,960	\$46,075	\$48,833
2	\$2,327	\$4,653	\$7,755	\$11,633	\$15,510	\$16,286	\$16,440.60	\$19,388	\$23,265	\$33,036	\$39,551	\$46,530	\$62,040	\$62,195	\$65,918
3	\$2,930	\$5,859	\$9,765	\$14,648	\$19,530	\$20,507	\$20,701.80	\$24,413	\$29,295	\$41,599	\$49,802	\$58,590	\$78,120	\$78,315	\$83,003
4	\$3,533	\$7,065	\$11,775	\$17,663	\$23,550	\$24,728	\$24,963.00	\$29,438	\$35,325	\$50,162	\$60,053	\$70,650	\$94,200	\$94,436	\$100,088
5	\$4,136	\$8,271	\$13,785	\$20,678	\$27,570	\$28,949	\$29,224.20	\$34,463	\$41,355	\$58,724	\$70,304	\$82,710	\$110,280	\$110,556	\$117,173
6	\$4,739	\$9,477	\$15,795	\$23,693	\$31,590	\$33,170	\$33,485.40	\$39,488	\$47,385	\$67,287	\$80,555	\$94,770	\$126,360	\$126,676	\$134,258
7	\$5,342	\$10,683	\$17,805	\$26,708	\$35,610	\$37,391	\$37,746.60	\$44,513	\$53,415	\$75,849	\$90,806	\$106,830	\$142,440	\$142,796	\$151,343
8	\$5,945	\$11,889	\$19,815	\$29,723	\$39,630	\$41,612	\$42,007.80	\$49,538	\$59,445	\$84,412	\$101,057	\$118,890	\$158,520	\$158,916	\$168,428
For each additional person add	\$603	\$1,206	\$2,010	\$3,015	\$4,020	\$4,221	\$4,261.20	\$5,025	\$6,030	\$8,563	\$10,251	\$12,060	\$16,080	\$16,120	\$17,085

\*For Medicaid applicants over 100% FPL, add “disregard” 5% of FPL and re-calculate eligibility for select types of Medicaid

\*\*Actual income limits will vary by population



# Eligibility for Pregnant Women

## ***“Best Door” Recommendation:***

Apply to Division of Family Resources

Apply on federal Marketplace

Apply on or off federal Marketplace



Income at or below 213% FPL\*, \*\*

Income above 213%\*\* to 400% FPL

Income above 400% FPL

Household Income as a % of Federal Poverty Level (FPL)															
Household size	15%	30%	50%	75%	100%	105%	125%	150%	213%**	214%	255%	300%	400%	401%	425%
1	*	*	*	*	*	*	*	*	*	*	*	\$34,470	\$45,960	\$46,075	\$48,833
2	\$2,327	\$4,653	\$7,755	\$11,633	\$15,510	\$16,286	\$19,388	\$23,265	\$33,036	\$33,191	\$39,551	\$46,530	\$62,040	\$62,195	\$65,918
3	\$2,930	\$5,859	\$9,765	\$14,648	\$19,530	\$20,507	\$24,413	\$29,295	\$41,599	\$41,794	\$49,802	\$58,590	\$78,120	\$78,315	\$83,003
4	\$3,533	\$7,065	\$11,775	\$17,663	\$23,550	\$24,728	\$29,438	\$35,325	\$50,162	\$50,397	\$60,053	\$70,650	\$94,200	\$94,436	\$100,088
5	\$4,136	\$8,271	\$13,785	\$20,678	\$27,570	\$28,949	\$34,463	\$41,355	\$58,724	\$59,000	\$70,304	\$82,710	\$110,280	\$110,556	\$117,173
6	\$4,739	\$9,477	\$15,795	\$23,693	\$31,590	\$33,170	\$39,488	\$47,385	\$67,287	\$67,603	\$80,555	\$94,770	\$126,360	\$126,676	\$134,258
7	\$5,342	\$10,683	\$17,805	\$26,708	\$35,610	\$37,391	\$44,513	\$53,415	\$75,849	\$76,205	\$90,806	\$106,830	\$142,440	\$142,796	\$151,343
8	\$5,945	\$11,889	\$19,815	\$29,723	\$39,630	\$41,612	\$49,538	\$59,445	\$84,412	\$84,808	\$101,057	\$118,890	\$158,520	\$158,916	\$168,428
For each additional person add	\$603	\$1,206	\$2,010	\$3,015	\$4,020	\$4,221	\$5,025	\$6,030	\$8,563	\$8,603	\$10,251	\$12,060	\$16,080	\$16,120	\$17,085

**\*Medicaid Household Size** = Expectant Mother + Number of unborn children + Number of other members in household

EXAMPLE: Expectant Mother (1)+ Unborn Twins (2) + Husband and 2 children (3) = Medicaid Household Size of **6**

\*\*For Medicaid applicants over 208% FPL, “disregard” 5% of FPL and re-calculate eligibility



# Eligibility for Children (Age 18 and under)



## ***“Best Door” Recommendation:***

Apply to Division of Family Resources

Apply on federal Marketplace

Apply on or off federal Marketplace



Income at or below 255% FPL\*

Income above 255%\* to 400% FPL

Income above 400% FPL

Household Income as a % of Federal Poverty Level (FPL)															
Household size	15%	30%	50%	75%	100%	105%	125%	150%	213%	255%*	256%	300%	400%	401%	425%
1	\$1,724	\$3,447	\$5,745	\$8,618	\$11,490	\$12,065	\$14,363	\$17,235	\$24,474	\$29,300	\$29,414	\$36,194	\$48,258	\$46,075	\$51,274
2	\$2,327	\$4,653	\$7,755	\$11,633	\$15,510	\$16,286	\$19,388	\$23,265	\$33,036	\$39,551	\$39,706	\$48,857	\$65,142	\$62,195	\$69,213
3	\$2,930	\$5,859	\$9,765	\$14,648	\$19,530	\$20,507	\$24,413	\$29,295	\$41,599	\$49,802	\$49,997	\$61,520	\$82,026	\$78,315	\$87,153
4	\$3,533	\$7,065	\$11,775	\$17,663	\$23,550	\$24,728	\$29,438	\$35,325	\$50,162	\$60,053	\$60,288	\$74,183	\$98,910	\$94,436	\$105,092
5	\$4,136	\$8,271	\$13,785	\$20,678	\$27,570	\$28,949	\$34,463	\$41,355	\$58,724	\$70,304	\$70,579	\$86,846	\$115,794	\$110,556	\$123,031
6	\$4,739	\$9,477	\$15,795	\$23,693	\$31,590	\$33,170	\$39,488	\$47,385	\$67,287	\$80,555	\$80,870	\$99,509	\$132,678	\$126,676	\$140,970
7	\$5,342	\$10,683	\$17,805	\$26,708	\$35,610	\$37,391	\$44,513	\$53,415	\$75,849	\$90,806	\$91,162	\$112,172	\$149,562	\$142,796	\$158,910
8	\$5,945	\$11,889	\$19,815	\$29,723	\$39,630	\$41,612	\$49,538	\$59,445	\$84,412	\$101,057	\$101,453	\$124,835	\$166,446	\$158,916	\$176,849
For each additional person add	\$603	\$1,206	\$2,010	\$3,015	\$4,020	\$4,221	\$5,025	\$6,030	\$8,563	\$10,251	\$10,291	\$12,663	\$16,884	\$16,120	\$17,939

\*For Medicaid applicants over 250% FPL, “disregard” 5% of FPL and re-calculate eligibility



# Preparing to Apply for Coverage

- **More detailed screenings available**
  - With Indiana Medicaid
    - [https://www.ifcem.com/HCSSRequest/en\\_US/External\\_englishNewUserStartingPage.do](https://www.ifcem.com/HCSSRequest/en_US/External_englishNewUserStartingPage.do)
  - With federal Marketplace
    - <https://www.healthcare.gov/quick-answers/#step-1>
- **Consider where to apply**



# Applying for Indiana Medicaid

Consumers falling into the yellow section of the screening charts may be eligible for Indiana Health Coverage Programs; and their “best door” is through the **Indiana Application for Health Coverage**.



# Indiana Health Coverage Programs (IHCPs): Eligibility and Verification

- In addition to income and household size, to be eligible for IHCPs, applicant must:
  - Be an Indiana resident
  - Be citizen, national, or immigrant with qualified status\*
  - Provide Social Security number, if applicable

Applicant provides  
information on  
Indiana  
Application for  
Health Coverage

Indiana verifies  
information with  
electronic and  
paper data sources

\*Example: Lawful permanent resident in the U.S. for at least 5 years; Those in the U.S. for less time and/or not meeting other qualified alien status requirements not eligible for more than emergency-only services



# Indiana Application for Health Coverage: Methods of application

- Applications accepted:

<b>Online (RECOMMENDED)</b>	<ol style="list-style-type: none"> <li>1. Go to State website             <ul style="list-style-type: none"> <li>• <a href="http://www.dfrbenefits.in.gov">http://www.dfrbenefits.in.gov</a></li> </ul> </li> <li>2. Complete application and submit</li> </ol>
<b>By Mail or Fax</b>	<ol style="list-style-type: none"> <li>1. Go to State website             <ul style="list-style-type: none"> <li>• <a href="http://www.dfrbenefits.in.gov">http://www.dfrbenefits.in.gov</a></li> </ul> </li> <li>2. Print paper application</li> <li>3. Complete and send application             <ul style="list-style-type: none"> <li>• By mail: P.O. Box 1810, Marion, IN 46952</li> <li>• By fax: 1-800-403-0864</li> </ul> </li> </ol>
<b>By Phone</b>	<ol style="list-style-type: none"> <li>1. Call Division of Family Resources (DFR)             <ul style="list-style-type: none"> <li>• 1-800-403-0864</li> </ul> </li> </ol>
<b>In person at DFR offices</b>	<ol style="list-style-type: none"> <li>1. Find local DFR office online             <ul style="list-style-type: none"> <li>• <a href="http://www.in.gov/fssa/dfr/2999.htm">http://www.in.gov/fssa/dfr/2999.htm</a></li> </ul> </li> </ol>



# Completing the Indiana Application for Health Coverage

## Information needed about primary applicant and other members of the household:

### ☐ Demographic information

- ☐ Name
- ☐ Date of birth
- ☐ Social Security Number, if applicable\*
- ☐ Gender
- ☐ Marital status
- ☐ Home address
- ☐ Mailing address
- ☐ Phone number
- ☐ Email address
- ☐ Language
- ☐ Ethnicity/Race
- ☐ Citizenship/Immigration information

### ☐ Health coverage information

### ☐ Additional information

- ☐ Pregnant
- ☐ Blind
- ☐ Disabled
- ☐ In jail
- ☐ In nursing facility
- ☐ Residential care facility
- ☐ Foster care

### ☐ Household income information

- ☐ Tax filing information
- ☐ Current employment
- ☐ Other income
- ☐ Deductions
- ☐ Resources

\*Optional for household members not applying for coverage



# Completing the Indiana Application for Health Coverage (cont.)

IF consumer chooses another person to help with application:

- **For person helping with application, include:**
  - Address
  - Phone number
  - Relationship to applicant
- **Provide additional information:\***

Authorized Representative	Certified Indiana Navigator
<ul style="list-style-type: none"> <li>• Authorized Representative form on State website</li> <li>• <a href="http://www.indianamedicaid.com/members-rights-responsibilities/advocaterepresentative-authorization-form.aspx">http://www.indianamedicaid.com/members-rights-responsibilities/advocaterepresentative-authorization-form.aspx</a></li> </ul>	<ul style="list-style-type: none"> <li>• Navigator name and identification (ID) number</li> <li>• Application Organization name and ID number (as appropriate)</li> </ul>

\*Applicant may have both an Authorized Representative AND a certified Indiana Navigator, and will need to provide the information for both



# Checking Indiana Application for Health Coverage Status

- **To check application status:**
  1. Must be applicant or applicant's Authorized Representative
  2. Go to Indiana website
    - <http://www.in.gov/fssa/dfr/2999.htm>
  3. Enter the following information for the primary applicant:
    - Last name
    - Case number
    - Date of birth
    - Last four digits of SSN
- **Medicaid Agency decides eligibility:**
  - Within 45 days, or
  - Within 90 days (for reported disability)





# Letters and Notices

- **Applicant or recipient may get letter:**
  - Need additional information
  - Form 2032
- **Applicant or recipient will get notice:**
  - After application reviewed:
    - Approved
    - Denied
  - After changes in coverage:
    - Terminate coverage
    - Suspend coverage
    - Change in Medicaid category
- **Letter or Notice from:**
  - Division of Family Resources
- **Getting a letter or notice:**
  - U.S. mail
  - Notices sent within 24 hours of decision
  - **IMPORTANT:** Look for any instructions and deadlines
    - Provide needed information
    - File an appeal



# If Applicant or Recipient Disagrees with a State Medicaid Decision: Options

- **What is an appeal?**
  - Applicant or recipient:
    - Disagrees with Medicaid agency decision
    - Asks Medicaid agency to re-evaluate decision
- **What can be appealed?**
  - Any action with which applicant or recipient is dissatisfied, including:
    - Application for coverage denied
    - Action taken to:
      - Terminate benefits
      - Suspend benefits
      - Reduce benefits



# Filing an Appeal

- **How to file an appeal?**

## Notify state of desire to appeal

Limited time to appeal\*

## Scheduling:

Family and Social Services Administration schedules hearing with administrative law judge

## Preparing:

Individual may:

- 1) Hire a lawyer **OR**
- 2) Represent self **OR**
- 3) Have trusted friend, Authorized Representative, or legal guardian act on his/her behalf

## Holding the appeal hearing:

Usually in county Division of Family Resources (DFR) office  
May be conducted by phone

## Decision:

Individual receives notice of appeal decision  
May request agency review if unhappy with hearing outcome

- **If consumer had Medicaid benefits and appeals losing them, how long can he/she keep benefits?**

- **Until appeal hearing\*\***

- **Exceptions:** Individual declines benefits in appeals request **OR** individual lost benefits due to failure to pay premium and/or POWER Account payment

\*On notice from the State, consumer must: 1) look for deadline for appeal 2) contact DFR Local Office before deadline to file appeal

\*\*If appeal filed before effective date of proposed action



# Applying for the Healthy Indiana Plan (HIP)

- **Eligibility:**
  - Adults, Age 19-64
  - Starting 1/1/2014: Up to 100%\* of Federal Poverty Level (FPL)
- **How to get application:**
  - **Online**
    1. Go to State website
      - <http://www.in.gov/fssa/hip/2332.htm>
    2. Provide contact information
      - Print remaining application (“Print Application”)
      - Request remaining application be mailed (“Mail Application”)
  - **Phone**
    1. Call 1-877-GET-HIP9 (1-877-438-4479)
    2. Request that application be mailed

\*For HIP applicants over 100% FPL, add “disregard” of 5% of FPL and re-calculate with new eligibility limit of 105% FPL



# Applying for Presumptive Eligibility

Some populations may be able to complete a preliminary determination of Medicaid eligibility before they complete the full **Indiana Application for Health Coverage**.

Individuals with income in the yellow section of the screening charts may be presumptively eligible for select Indiana Health Coverage Programs.



# Changes to Presumptive Eligibility (PE)

- **NOW:**
  - State operates PE for Pregnant Women
- **STARTING 1/1/2014:**
  - Hospitals may request to be authorized to operate PE
    - Must be authorized by the State before operating PE
    - Authorized hospitals = “Qualified Providers” (QPs)
  - QP Hospitals will determine PE for:
    - Children under 19
      - Exception: Children’s Health Insurance Program (CHIP)
    - Low-income parents/caretakers
    - Family Planning Eligibility Program
    - Former foster care children up to age 26
  - Hospitals and clinics already authorized by the State to operate PE for pregnant women
    - Continue to operate pregnancy PE as before



# Applying for Presumptive Eligibility (PE)

- To find a Qualified Provider:
  - Call 1-800-889-9949
- A Qualified Provider will ask:
  - Demographic information
    - Name
    - Address
    - Phone number
    - Social Security Number, if applicable
    - Number of other household members
  - Household income



# Presumptive Eligibility (PE) Determination

- **Based on the consumer information, does the consumer appear eligible for Medicaid?**
  - **If yes, consumer:**
    - Considered “presumptively eligible” for Medicaid
      - Receives Medicaid benefits for limited time\*
    - Must complete Indiana Application for Health Coverage (IAHC)
      - Must put PE identification number on application
  - **If no, consumer:**
    - Not eligible for “presumptive” Medicaid benefits
      - **Cannot appeal the decision**
    - May complete IAHC to see if actually eligible for Medicaid

\*Note: If qualify for Family Planning PE, benefits will be limited to family planning services; if qualify for pregnancy PE, benefits limited to ambulatory prenatal care





# Service Coverage for Presumptively Eligible Person

- **Length of presumptive eligibility (PE) period**

	<b>If individual submits Indiana Application for Health Coverage (IAHC)</b>	<b>If individual does <u>NOT</u> complete IAHC</b>
<b>PE coverage ends</b>	When Medicaid Agency makes decision about program eligibility	Last day of the month following the month of PE application
<b>Example</b>	<ul style="list-style-type: none"> <li>• <b>PE application submitted:</b> October 7</li> <li>• <b>IAHC submitted:</b> October 28</li> <li>• <b>IAHC eligibility decision made:</b> November 26</li> <li>• <b>PE period ends:</b> November 26</li> </ul>	<ul style="list-style-type: none"> <li>• <b>PE application submitted:</b> October 7</li> <li>• <b>No IAHC submitted</b></li> <li>• <b>PE period ends:</b> November 30</li> </ul>



# Service Coverage for Presumptively Eligible Person

- 1. Individual approved for Presumptive Eligibility (PE)**
- 2. Individual completes and submits Indiana Application for Health Coverage (IAHC)**
- 3. If IAHC denied:**
  - Health services\* performed during presumptive eligibility period covered
  - Health services not covered after Medicaid decision made
    - Applicant may appeal denial of Medicaid eligibility\*\*

## **IMPORTANT:**

Qualified Providers will have quality standards attached to their ability to offer PE; most individuals granted a PE period should receive Medicaid eligibility

\*Not all services automatically covered

\*\*REMINDER: Individual can appeal official Medicaid eligibility decision, but cannot appeal PE decision



# Purchasing Health Insurance on the Federal Marketplace

Consumers that estimate their income in the blue section of the eligibility screening charts may find that their “best door” to health coverage is through the federal Marketplace.



# Purchasing Health Insurance on Federal Marketplace

- **Options for application to purchase health insurance**
  - Online (Recommended)
    - Application is dynamic
      - Will change questions based on information given earlier in application
  - Phone
    - Federal Call Center
      - 1-800-318-2596
  - Paper
    - Can be found online:
      - <http://marketplace.cms.gov/getofficialresources/publications-and-articles/marketplace-application-for-family.pdf>



# Useful Documents for Application

- Helpful information for each member of the household:
  - ☐ Personal information
    - ☐ Social security or immigration documents
    - ☐ Example: Social Security card
  - ☐ Financial information
    - ☐ Employer information
    - ☐ Checklist available at:  
[https://www.healthcare.gov/downloads/MarketplaceApp\\_Checklist\\_Generic.pdf](https://www.healthcare.gov/downloads/MarketplaceApp_Checklist_Generic.pdf)
    - ☐ Income information
    - ☐ Example: Pay stubs, W-2 forms
  - ☐ Health coverage information
    - ☐ Policy numbers for any current health plans
    - ☐ Example: Health insurance cards



# Applying to Purchase Health Insurance on the Federal Marketplace

- **Create an account**
- **Complete required questions, including:**
  - **Contact information**
  - **Income**
    - Most forms of income
      - Regular payments
      - One-time payments
    - Income the consumer pays out
      - Alimony, student loan interest, educator expenses, etc.
    - Expected income changes
  - **Other people in household**
    - Applying for coverage
    - Not applying for coverage
      - Already have coverage
      - Applying separately
    - Relationship to other household members
      - Dependents
  - **Plan to file tax return**
  - **Changes in health insurance coverage**

## EXCEPTIONS

### **Income: Do NOT report**

- Pre-tax deductions
- Child support
- Veteran's payment
- Worker's compensation
- Supplemental Security Income (SSI)
- Non-taxable prizes
- Dependent making less than \$5,950 per year
- Dependent receiving in-kind support

### **Deductions: Do NOT report**

- Charitable contributions
- Home mortgage interest
- Costs considered in previous answers (i.e. self-employment income)



# Completing an Application: Disability Questions

- **Disability question: Respond “yes” if consumer or other applicant in household:**
  - Is blind, deaf, or hard of hearing
  - Receives Social Security Disability Insurance (SSDI) or Supplemental Security Insurance (SSI)
  - Has physical, intellectual, or mental health condition causing:
    - Difficulty doing errands
    - Serious difficulty concentrating, remembering, or making decisions
    - Difficulty walking or climbing stairs
    - Difficulty completing other activities of daily living
- **What are activities of daily living?**

Seeing	Hearing	Walking	Eating	Sleeping
Standing	Lifting	Bending	Breathing	Thinking



# Completing the Application: Employer and Employer-Sponsored Coverage Questions

- **If applicant and/or household members are currently working, they may need:**
  - Employer name
  - Employer Identification Number (EIN)
    - Can be found on pay stub or W-2 form
  - Employer address
  - Employer phone number

## Eligible for employer health insurance now?

### May need information about:

- Who (with employer) to contact about employee health coverage
- Employer email address
- Premium cost to employee for plan
- Known changes in future employer coverage
- Know if coverage meets minimum value\*

## Eligible for employer health insurance in the future?

### May need information about:

- Date consumer eligible for health insurance through employer
- Who in household will be eligible

\*Minimum value: Plan covers at least 60% of total allowed benefit costs





# Completing an Application:

## When and where to go for more information

Question about...	Information Source	Contact Information
<b>Application</b>	Federal Marketplace website	<a href="http://www.healthcare.gov">www.healthcare.gov</a>
<b>Income</b>	Federal Marketplace Call Center	1-800-318-2596
	Pay stub	Varies
	W-2 form	Varies
	Self-employed: Internal Revenue Service	<a href="http://www.IRS.gov">www.IRS.gov</a> ; "Instructions for Schedule C"
<b>Citizenship/ Immigration</b>	Federal Marketplace Call Center	1-800-318-2596
	Social Security	1-800-772-1213; <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>
	U.S. Citizenship and Immigration Services	<a href="http://www.uscis.gov/glossary">www.uscis.gov/glossary</a>
<b>Work history</b>	Social Security	1-800-772-1213; <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>
<b>Employer Coverage</b> • Meeting minimum value standard • Premium cost	Employer	Varies
	Marketplace tool	<a href="http://marketplace.cms.gov/getofficialresources/publications-and-articles/marketplace-application-checklist.pdf">http://marketplace.cms.gov/getofficialresources/publications-and-articles/marketplace-application-checklist.pdf</a>
<b>Reporting changes</b>	Federal Marketplace Call Center	1-800-318-2596



# Completing an Application: Consumer Assistance

- **IF receiving assistance:**
  - From a Navigator, include:
    - Individual name
    - Organization name
    - Identification (ID) number\*
  - From an insurance agent or broker, include:
    - Agent or broker federal Marketplace ID number
    - Agent or broker license number (National Producer Number)

\*Navigators that have been certified by Indiana and the federal Marketplace (as federal Navigators or Certified Application Counselors) should use their ID number from the federal Marketplace on the federal Marketplace application; and should use their Indiana-issued certification number on Indiana Applications for Health Coverage



# Applying for Premium Tax Credits (PTC) and Cost-Sharing Reductions (CSR)

- **Which application does the consumer need?**
  - Online, phone, or paper\* federal Marketplace application
- **Who decides if a consumer is eligible for PTC and CSR?**
  - Marketplace makes all eligibility determinations

\*Check to be sure application includes income questions



# Receiving Notices

- **Federal Marketplace may need to contact consumer about application or eligibility**
- **Find out there is a notice**
  - Text message
  - Email alert
  - By U.S. mail
- **View notice**
  - Log into online account to view
  - Letter by U.S. mail

## **IMPORTANT:**

Notices may have instructions and deadlines, so DO NOT WAIT to look at them!



# Challenging a Federal Marketplace Decision

## Why challenge a federal Marketplace decision?

- If consumer believes:
  - Eligible for
    - Qualified Health Plan (QHP),
    - Premium Tax Credit (PTC) or
    - Cost-Sharing Reduction (CSR)
  - Eligible for different amount of PTC or CSR

## How to challenge a federal Marketplace decision?

1. Read eligibility notice
2. Follow instructions on notice
  - Request appeal
  - Gather and submit evidence



# Challenging a Qualified Health Plan (QHP) Decision

- **If QHP denies provider or service coverage consumer believes should be covered**
  1. File complaint with QHP
  2. Work through QHP complaint process
- **If consumer not happy with QHP complaint decision**
  - File complaint with Indiana Department of Insurance (IDOI)
    - Consumer must complete IDOI complaint form
      - Online form: <http://www.in.gov/idoi/2552.htm>
      - Paper form: [http://www.in.gov/idoi/files/Complaint\\_Form\\_fillable.pdf](http://www.in.gov/idoi/files/Complaint_Form_fillable.pdf)



# Using Health Coverage: Consumer Responsibilities



# Reporting changes

- **All applicants and enrollees must report changes, like:**
  - **Household size** – for example:
    - Someone becomes pregnant
    - Someone moves in or out of the household
    - Someone passes away
  - **Household income** – for example:
    - Someone gets a new job
    - Someone loses a job
    - Someone goes from part time to full time
  - **Household location** – for example:
    - Household moves to a new city or address
  - **Citizenship status** – for example:
    - Someone becomes a United States citizen

## Where does the consumer report changes?\*

**If consumer has Indiana Medicaid:**  
Report to Division of Family Resources

**1-800-403-0864**

**If consumer buys coverage through the federal Marketplace:**  
Report to federal Marketplace

**1-800-318-2596**

**If consumer has employer-sponsored insurance or buys coverage off the federal Marketplace:**  
Report to insurance issuer

\*If consumer has changes while application is pending, need to report changes to the entity deciding eligibility





# Reporting Changes (cont.)

- **IMPORTANT**: Report changes soon after they happen
  1. Determine who to contact regarding change
    - Division of Family Resources
    - Federal Marketplace
    - Health insurance company
  2. Determine information to report
    - Change in Address
      - Make sure Qualified Health Plan (QHP) available
    - Income and Household size
      - Make sure not committing fraud
      - Avoid problems at tax filing

**Periodic checks  
to see if  
changes, verify  
eligibility for:**

☐ Medicaid

☐ Qualified  
Health Plan

☐ Premium Tax  
Credit

☐ Cost-Sharing  
Reduction



# Understanding Coverage

- **Member identification cards**
  - Proof of health coverage
  - Contact information
- **Information from health coverage provider**
  - Contact information
  - Doctor information
  - Coverage information
    - Some Medicaid programs will cover services done up to 3 months before applying for Medicaid (“retroactive eligibility”)\*
      - Exceptions:
        - Children’s Health Insurance Program (CHIP)
        - Healthy Indiana Plan (HIP)
    - Most health insurance plans offer coverage that begins on the first of the month
      - Check for date coverage starts, may be the next month or the month after

\*Must have been eligible for Medicaid during those 3 months before application to be considered for retroactive eligibility



# Payments

- **Most health coverage programs will have costs:**
  - Premiums and possible out-of-pocket costs:
    - Children's Health Insurance Program (CHIP)
    - Medicaid for Employees with Disabilities (M.E.D.) Works
    - Qualified Health Plans sold on the federal Marketplace
    - Health insurance plans sold off the federal Marketplace
    - Employer-sponsored health insurance
  - Personal Wellness and Responsibility (POWER) Account contributions:
    - Healthy Indiana Plan



# Eligibility Renewals

- **Purpose:**
  - To be sure consumers are still eligible and in the right programs
- **How often:**
  - Every 12 months (“Re-determination”) **OR**
  - (If sooner) When enrollee reports any changes to:
    - Household income
    - Household size
    - Residence
- **Process:**
  - See if there is enough electronic data to prove eligibility
    - If yes: State will renew Medicaid; Federal Marketplace will renew Qualified Health Plan, Premium Tax Credit, and/or Cost-Sharing Reductions
    - If no: State and federal Marketplace will contact enrollee for more information

# Needs Beyond the Application for Health Coverage



- Consumers may have questions that would be better to refer to other resources

Questions regarding:	Refer to:
<b>The Affordable Care Act</b> <ul style="list-style-type: none"> <li>• Example: What is it? How will it impact me? What does “Premium Tax Credit” mean?</li> </ul>	<ul style="list-style-type: none"> <li>• Federal Marketplace call center               <ul style="list-style-type: none"> <li>• 1-800-318-2596</li> </ul> </li> <li>• Federal Marketplace website               <ul style="list-style-type: none"> <li>• <a href="http://www.healthcare.gov">www.healthcare.gov</a></li> </ul> </li> </ul>
<b>Current insurance coverage</b> <ul style="list-style-type: none"> <li>• Example: What does my plan cover? Will my costs or coverage change?</li> </ul>	<ul style="list-style-type: none"> <li>• Health insurance company</li> <li>• Summary of Plan Benefits</li> <li>• Employer personnel department</li> </ul>
<b>Medicare</b> <ul style="list-style-type: none"> <li>• Example: What other coverage can I buy? What is the difference between the different supplemental policies?</li> </ul>	<ul style="list-style-type: none"> <li>• State Health Insurance Assistance Program (SHIP) Program               <ul style="list-style-type: none"> <li>• <a href="http://www.in.gov/idoi/2507.htm">http://www.in.gov/idoi/2507.htm</a></li> </ul> </li> <li>• Federal Medicare website               <ul style="list-style-type: none"> <li>• <a href="http://www.medicare.gov">www.medicare.gov</a></li> </ul> </li> </ul>
<b>Selecting a health plan</b> <ul style="list-style-type: none"> <li>• Example: Which plan should I choose? Which plan is going to be the best one for me?</li> </ul>	Find licensed health insurance agent or broker <ul style="list-style-type: none"> <li>• Indiana Department of Insurance               <ul style="list-style-type: none"> <li>• <a href="http://www.in.gov/idoi/2611.htm">http://www.in.gov/idoi/2611.htm</a></li> </ul> </li> <li>• Federal Marketplace               <ul style="list-style-type: none"> <li>• 1-800-318-2596</li> </ul> </li> </ul>



# Module #5 Review

- Having completed this module, you should now be able to:
  - Screen consumers for the “best door” to health coverage
  - Help consumers apply for state and federal health coverage programs
  - Address consumer questions and concerns before and after the application is submitted
  - Provide tools and knowledge to promote informed health insurance consumers
  - Refer consumers to other resources when appropriate